

Official New York State Prescription Registration

Section 281 of the NYS Public Health Law (PHL) requires all prescriptions (both for controlled substances and non-controlled substances) written in New York State be issued on an Official New York State Prescription form. This PHL requires that practitioners renew their registration and register their e-prescribing systems with the Department. A practitioner must first register with the Department of Health to receive their official prescriptions free of charge. Per Part 910 of Title 10 NYCRR, a practitioner's registration shall be valid for a period of two years.

NEW Registration, complete and sign this form and the Prescription Order Form to obtain the Official New York State Prescriptions.

RENEWAL Registration, complete and sign this form and return prior to the last day of the month in which your registration expires.

NOTE: Drug Enforcement Administration (DEA) Numbers

If you have a DEA #, your prescriptions may only be shipped to your DEA address and this address will be imprinted on your prescriptions. If you need to change your DEA registered address, contact the DEA at 877-883-5789 or on-line at www.dea diversion.usdoj.gov. Obtain confirmation of updated DEA address and then submit a copy of your revised DEA registration with this application form.

If you do not have a DEA #, you are required to have your Affirmation notarized. Please submit completed Acknowledgement section below. Your prescriptions will be shipped to your Primary Practice Office address and this address will be imprinted on your prescriptions.

AN INCOMPLETE FORM WILL NOT BE PROCESSED

Practitioner's Name

Last _____ First _____ MI _____

Profession _____ Specialty [see back] _____

NYS License Number _____

DEA Registration Number [if applicable] _____

NPI Number [Individual] [if applicable] _____

Physician Assistant must attach a completed DOH-5054 form (<https://www.health.ny.gov/forms/doh-5054.pdf>).

Practitioner's Address

[If DEA registered, enter address as it appears on your DEA registration. If Non-DEA Registered, enter address of your primary practice office.]

Street _____

City _____ State **NY** Zip Code _____

Practitioner's Contact Information

[Please include your fax number, Practitioner's contact and business e-mail addresses for Bureau communications.]

Phone Number (_____) _____ - _____ Fax Number (_____) _____ - _____

Practitioner's Contact E-Mail Address _____ @ _____

Practitioner's Business E-Mail Address _____ @ _____

AFFIRMATION FOR ALL PRACTITIONERS

Under penalty of perjury, I affirm that the statements herein are true.

Signature (Original Ink Only) _____ Date _____

Print Name _____

ACKNOWLEDGEMENT FOR PRACTITIONERS WITHOUT DEA NUMBERS (Notary signature and stamp required)

ss: On the _____ day of _____, in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on the instrument, the individual executed the instrument, and that such individual made such appearance before the undersigned in the City of _____, State of _____.

PLEASE MAIL COMPLETED FORM(S) TO ADDRESS BELOW

NYSDOH/Bureau of Narcotic Enforcement
Official Prescription Program – Registration Unit
Riverview Center
150 Broadway
Albany, NY 12204

You may fax or e-mail completed forms to:
518-402-1058 or
narcotic@health.ny.gov
For more information, call 866-811-7957

SPECIALTIES

Aerospace	Orthodonture
Allergy/Immunology	Orthopedic Surgery
Anesthesiology	Osteopathic Manipulative Medicine (Omm)
Cardiology	Otolaryngology
Cardiovascular Disease	Parenteral Conscious Sedation (Dentist)
Child Neurology	Pathology (Anatomic And Clinical)
Child Psychiatry	Pathology (Anatomic)
Clinical Pathology	Pathology (Blood Bank)
Colon And Rectal Surgery	Pathology (Chemical Pathology)
Dental Anesthesiologist	Pathology (Dermatopathology)
Dermatology	Pathology (Hematology)
Dermatopathology	Pathology (Neuropathology)
Diagnostic And Roentgenology (Competence Nuclear Radiology)	Pediatric Allergy
Diagnostic Radiology	Pediatric Cardiology
Emergency Medicine	Pediatric Critical Care
Endodontist	Pediatric Endocrinology
Family Practice	Pediatric Gastroenterology
Forensic Pathology	Pediatric Hematology Oncology
General Dentist	Pediatric Infectious Disease
General Preventive Medicine	Pediatric Neonatal -Perinatal Medicine
General Surgery	Pediatric Nephrology
Gynecologic Oncology	Pediatric Otolaryngology
Hemodialysis	Pediatric Pulmonology
Hospitalist	Pediatric Surgery
Internal Medicine	Pediatrics
Medical Genetics	Pedodontist
Medical Microbiology	Periodontist
Medical Oncology	Physical Medicine And Rehabilitation
Medicine (Endocrinology)	Plastic Surgery
Medicine (Gastroenterology)	Preventive Aerospace Medicine
Medicine (Hematology)	Preventive Occupational Medicine
Medicine (Infectious Diseases)	Preventive Public Health
Medicine (Nephrology)	Prosthodontist
Medicine (Pulmonary Diseases)	Psychiatry (Not Child)
Medicine (Rheumatology)	Psychiatry And Neurology
Neurological Surgery	Public Health Dentist
Neurology (Not Child)	Radioisotopic Pathology
Neuromusculoskeletal Medicine & Omm	Radiologist Oncology
Nuclear Medicine	Radiology
Obstetrics And Gynecology	Radiology (Medical Nuclear Physics)
Obstetrics And Gynecology (Maternal - Fetal Medicine)	Therapeutic Radiology
Obstetrics And Gynecology (Reproductive Endocrinology)	Thoracic Surgery
Ophthalmology	Urology
Oral Pathologist	Veterinarian
Oral Surgeon	Other Specialty